

**KLAHANIE ASSOCIATION - EMPLOYMENT
APPLICATION 2020 AQUATICS DEPARTMENT**

Name: _____

MI

City: _____ State: _____ Zip: _____

Cell Phone:_____ **Home:**_____ **SS#:**_____

- ☐ Lifeguard
- ☐ Senior Lifeguard
- ☐ Head Lifeguard
- ☐ Swim Instructor
- ☐ Pool Manager
- ☐ Swim Lesson Coordinator

CERTIFICATION	AGENCY	EXPIRATION DATE
<input type="checkbox"/> Lifeguard Training		
<input type="checkbox"/> CPR /AED for Professional Rescuer or Lifeguard		
<input type="checkbox"/> Blood Bourne Pathogens		
<input type="checkbox"/> Lifeguard Instructor		
<input type="checkbox"/> Water Safety Instructor		
<input type="checkbox"/>		

1.) Employer_____ Phone Number_____

Address_____

Position(s)_____ Dates of Employment_____

Supervisor_____ Phone Number_____ Reason for Leaving_____

Primary Responsibilities_____

2.) Employer _____ Phone Number _____
 Address _____
 Position(s) _____ Dates of Employment _____
 Supervisor _____ Phone Number _____ Reason for Leaving _____
 Primary Responsibilities _____

3.) Employer_____ Phone Number_____

Address_____

Position(s)_____ Dates of Employment_____

Supervisor_____ Phone Number_____ Reason for Leaving_____

Primary Responsibilities_____

KLAHANIE ASSOCIATION - EMPLOYMENT APPLICATION 2020 AQUATICS DEPARTMENT

Please list names and contact information of three references (no relatives). People who have supervised you in a work or educational setting are most appropriate.

1. Name _____ Phone Number _____ Relationship _____
Address _____
2. Name _____ Phone Number _____ Relationship _____
Address _____
3. Name _____ Phone Number _____ Relationship _____
Address _____

Summer 2020 Employment at Klahanie:

First Date Available _____

Last Date Available _____

What is your availability while in school?

School Ends: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What is your availability during the summer?

Date Return to School: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Ideally, how many hours per week would you like to work at Klahanie? _____

Are you interested in working for Klahanie after summer on the evenings/weekends? _____

Can you attend the following *mandatory* training?

Yes/No

Saturday June 27th, 10-2 pm **All Staff Training**

The information I have provided in this application is true and accurate. I understand that giving false information on this application is grounds for immediate termination.

Signature: _____

Date: _____

For any questions on the application, please email swimlessons@klahanie.com